

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------------|-----------------|
| FEE DETERMINATION | <i>CH</i> | <i>71632</i> | <i>2/5</i> |
| O.I.P.E. CLASSIFIER | <i>CH</i> | <i>71632</i> | <i>8/22/00</i> |
| FORMALITY REVIEW | <i>CH</i> | <i>71632</i> | <i>10/25/00</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

BEST AVAILABLE COPY

| Claim | Date |
|----------------|------|
| Final Original | |
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| 2 | ✓ |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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